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Erratum: Specificity of incident diagnostic outcomes in patients at clinical high risk for psychosis (Schizophrenia Bulletin (2015) 41 (1066-1075) DOI: 10.1093/schbul/sbv091)

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“Understanding the Association Between Negative Symptoms and Performance on Effort-Based Decision-Making Tasks: The Importance of Defeatist Performance Beliefs” by L. Felice Reddy et al. *Schizophr Bull.* 2017; doi: 10.1093/schbul/sbx156.

The article was first published without the funding and acknowledgements sections. They have since been added.

The author regrets the error.

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Advance Access publication May 11, 2018

Corrigendum to “Actissist: Proof-of-Concept Trial of a Theory-Driven Digital Intervention for Psychosis” by Sandra Bucci et al. *Schizophrenia Bulletin*, 2018. doi: 10.1093/schbul/sby032.

The Conflict of Interest and Funding sections were erroneously omitted from the article. They have been added.

The author regrets the error.

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Advance Access publication April 25, 2018

Erratum to: Webb JR, Addington J, Perkins DO, Bearden CE, Cadenhead KS, Cannon TD, Cornblatt BA, Heinssen RK, Seidman LJ, Tarbox SI, Tsuang M, Walker E, McGlashan TH, Woods SW. Specificity of incident diagnostic outcomes in patients at clinical high risk for psychosis. *Schizophr. Bull.* 2015;41:1066–1075.

An error in statistical syntax defining baseline disorder led to misidentification of baseline anxiety disorder in five cases in one of the two reported samples (PREDICT). NAPLS-1 data and previous publications of PREDICT data were not affected. The error affected rows in [Table 1](#) labeled ‘DSM-IV anxiety’ and ‘Any mood/anx disorder’ and rows in [Table 3](#) labeled ‘Baseline Anxiety Excluded’ and ‘Any Baseline Mood/Anxiety Excluded.’ Corrected Tables are shown below

with corrected numbers in bold. Tables S1-S5 in the data supplement were also affected. Note that the online paper has also been replaced.

The abstract is unchanged, and overall findings and conclusions are not affected. One paragraph in the Results describing supplementary tables 1 and 2 is slightly changed (changes in bold): “Sensitivity analyses showed that the CHR vs HSC difference for incident psychosis continued to hold whether analyses included or excluded subjects with each or any baseline disorder from the model (all p 's \leq **0.001**, Table S1). Similarly, the lack of CHR vs HSC differences for incident nonpsychotic disorders also continued to hold whether models included subjects with baseline disorder (as non-cases of emergent disorder) or excluded them (all p 's \geq **0.390**, Table S2).” We regret the error.

Table 1. Baseline characteristics of NAPLS-1 and PREDICT samples.

Measure	NAPLS-1		PREDICT	
	CHR (n=160) ¹	HSC (n=100) ²	CHR (n=111) ³	HSC (n=71) ⁴
Age	18.1 ± 4.4 ^{c,e}	15.7 ± 2.9 ^{e,f}	19.6 ± 4.7 ^e	19.3 ± 4.2 ^f
No. male	92 (57.5%)	64 (64.0%)	60 (54.1%)	37 (52.1%)
No. Caucasian	123 (76.9%)	68 (68.0%)	82 (73.9%)	53 (74.6%)
Parental education	5.58 ± 1.69	5.89 ± 1.95	6.00 ± 2.48	5.56 ± 2.37
Global functioning	48.7 ± 11.6 ^{e,f}	54.9 ± 11.9 ^e	54.9 ± 12.5 ^f	56.2 ± 11.8
CHR duration, days ⁵	722 ± 1056 ^e	na	261 ± 298 ^e	na
SOPS total	36.6 ± 14.0 ^{e,f}	22.5 ± 12.5 ^e	30.2 ± 11.3 ^{d,f}	25.2 ± 13.4 ^d
SOPS positive	11.2 ± 4.2 ^e	4.0 ± 3.4 ^{e,g}	10.9 ± 3.1 ^f	6.9 ± 4.3 ^{f,g}
SOPS negative	11.6 ± 6.7 ^{a,e}	9.9 ± 6.5 ^a	8.4 ± 5.7 ^e	8.7 ± 6.0
SOPS disorganized	6.3 ± 3.7 ^{e,f}	3.4 ± 3.1 ^e	4.0 ± 2.6 ^f	3.9 ± 3.0
SOPS general	7.9 ± 4.3 ^e	5.4 ± 4.3 ^e	7.0 ± 4.0 ^a	5.7 ± 4.2 ^a
Any mood/anx disorder	122 (76.3%) ^e	52 (52.0%) ^e	77 (69.4%)	43 (60.6%)
DSM-IV bipolar	4 (2.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
DSM-IV nonbipolar mood	92 (57.5%) ^e	37 (37.0%) ^e	54 (48.6%)	27 (38.0%)
DSM-IV anxiety	69 (43.1%)	33 (33.0%)	50 (45.0%)	23 (32.4%)
Any psychotropic	77 (50.0%) ^c	32 (32.0%) ^c	48 (43.2%) ^a	20 (28.2%) ^a
Antipsychotic	33 (21.4%) ^{c,e}	8 (8.0%) ^{c,a}	1 (0.9%) ^e	0 (0.0%) ^a
Antidepressant	55 (35.7%) ^a	23 (23.0%) ^a	39 (35.1%)	17 (23.9%)
Mood stabilizer	9 (5.8%) ^a	1 (1.0%)	1 (0.9%) ^a	0 (0.0%)
Stimulant	8 (5.2%)	10 (10.0%) ^a	5 (4.5%)	1 (1.4%) ^a
Benzodiazepine	9 (5.8%)	2 (2.0%)	10 (9.0%)	4 (5.6%)

SOPS -- Scale Of Psychosis-risk Symptoms. na -- not applicable.

^a or ^b: groups with these letters differ p < 0.05.

^c or ^d: groups with these letters differ p < 0.01.

^e or ^f or ^g: groups with these letters differ p < 0.001.

¹ varied from 137–160 across measure other than CHR duration.

² varied from 78–100 across measure.

³ n=111 except for CHR duration.

⁴ varied from 70–71 across measure.

⁵ n= 55 for NAPLS-1 and 105 for PREDICT.

Table 3. Within group analyses comparing emergent psychosis to other emergent disorders.

Merged CHR Sample	Emergent Disorder	Incidence Rates	Cochran's Q	df	P value
Baseline Bipolar Excluded	Psychosis	52/267 (19.5%)	43.7	1	<0.001
	Bipolar	3/267 (1.1%)			
Baseline Nonbipolar Excluded	Psychosis	30/125 (24.0%)	7.7	1	0.005
	Nonbipolar mood	12/125 (9.6%)			
Baseline Anxiety Excluded	Psychosis	34/152 (22.4%)	8.3	1	0.004
	Anxiety	14/152 (9.2%)			
Any Baseline Mood/Anxiety Excluded	Psychosis	17/72 (23.6%)	0.9	1	0.353
	Any Mood/Anxiety	12/72 (16.7%)¹			
Merged HSC Sample	Emergent Disorder	Incidence Rates	Cochran's Q	df	P value
Baseline Bipolar Excluded	Psychosis	3/171 (1.8%)	0.2	1	0.655
	Bipolar	2/171 (1.2%)			
Baseline Nonbipolar Excluded	Psychosis	3/107 (2.8%)	3.0	1	0.083
	Nonbipolar mood	9/107 (8.4%)			
Baseline Anxiety Excluded	Psychosis	1/115 (0.9%)	6.4	1	0.011
	Anxiety	9/115 (7.8%)			
Any Baseline Mood/Anxiety Excluded	Psychosis	1/76 (1.3%)	12.2	1	<0.001
	Any Mood/Anxiety	15/76 (19.7%)²			

CHR -- clinical high risk syndrome for psychosis, HSC -- help seeking comparison patients, Nonbipolar -- nonbipolar mood disorder, Effect CHR vs HSC -- odds ratio from logistic regression model including term for study.

¹ Emergent cases do not sum to **3 + 12 + 14=29** for two reasons: 1) in one PREDICT CHR patient two emergent nonpsychotic disorders appeared at the same time point (see text), and 2) unlike in the analyses above patients are considered emergent cases only if no disorder is present at baseline.

² Emergent cases do not sum to **2 + 9+9=20** for second reason above.

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Advance Access publication April 26, 2018

“Studying Developmental Psychopathology Related to Psychotic Disorders—Challenges and Paradigms in Human Studies” by Andreas Meyer-Lindenberg. *Schizophr Bull.* 2017; 43(6):1169–1171. doi: 10.1093/schbul/sbx129.

Line 8 of the references was published with a placeholder. It should read as the following: “Victor Peralta, Manuel J Cuesta. Motor Abnormalities: From

Neurodevelopmental to Neurodegenerative Through “Functional” (Neuro)Psychiatric Disorders, *Schizophr Bull.* 2017; 43:956–971.”

Line 10 of the references was published with a placeholder. It should read as the following: “Parellada et al. Developmental Differences Between Schizophrenia and Bipolar Disorder. *Schizophr Bull.* 2017; 43:1176–1189.” The publisher regrets the error.

doi:10.1093/schbul/sby066

Advance Access publication May 9, 2018